



## CREDIT CARD AUTHORIZATION FORM

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD					
COMPANY NAME					
CREDIT CARD #					
EXPIRATION DATE				SECURITY CODE	
BILLING ADDRESS					
CITY			STATE		
PHONE			FAX#		
				EMAIL	

AUTHORIZED USER OF CREDIT CARD	
NAME	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	
INVOICE # / PO#	
AUTHORIZED AMOUNT	
DATES OF CHARGES	

AUTHORIZATION OF CARD USE	
<p>I certify that I am the authorized holder and signer of the credit card referenced above.            I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. <b>We will charge a processing fee of 4% in accordance with our credit card merchant agreement.</b></p> <p style="text-align: center;"><b><u>Please complete form and fax it to 602-437-1996 or email AR@editraffic.com</u></b></p> <p style="text-align: center;"><b>DO NOT INCLUDE THIS FORM WITH THE REPAIR UNITS</b></p>	
CARDHOLDER NAME:	
SIGNATURE:	
DATE:	

Rev01012020